

STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW DIRECTOR

JENNIFER M. GRANHOLM GOVERNOR

August 30, 2006

Rochelle Molyneaux Resident Advancement Inc P.O. Box 555 Fenton, MI 48430

> RE: Application #: AS440284123 Hampshire 3200 Hampshire Road Lapeer, MI 48446

Dear Ms. Molyneaux:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (248) 975-5051.

Sincerely,

Manner J. Ficher

Maureen J. Fisher, Licensing Consultant Office of Children and Adult Licensing Suite 358 41000 Woodward Bloomfield Hills, MI 48304 (586) 412-6832

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

| License #: | AS440284123 | |
|----------------------------------|---|--|
| Applicant Name: | Resident Advancement Inc | |
| Applicant Address: | 411 S Leroy Fenton, MI 48430 | |
| Applicant Telephone #: | (810) 750-0382 | |
| Administrator/Licensee Designee: | Rochelle Molyneaux, Designee | |
| Name of Facility: | Hampshire | |
| Facility Address: | 3200 Hampshire Road Lapeer, MI 48446 | |
| Facility Telephone #: | (810) 245-6037 06/07/2006 | |
| Application Date: | 00/07/2000 | |
| Capacity: | 5 | |
| Program Type: | DEVELOPMENTALLY DISABLED | |

II. METHODOLOGY

| 06/07/2006 | Enrollment |
|------------|--|
| 06/12/2006 | Application Incomplete Letter Sent |
| 06/12/2006 | Inspection Report Requested - Health |
| 06/16/2006 | Contact - Document Received application form complete |
| 06/19/2006 | Application Complete/On-site Needed |
| 06/27/2006 | Application Incomplete Letter Sent Erroneous entry by Central Office staff; application not complete. |
| 06/29/2006 | Inspection Completed-Environmental Health: A rating. |
| 07/07/2006 | Inspection Completed On-site Preliminary inspection completed. |
| 08/07/2006 | Inspection Completed On-site Application complete; final onsite completed. |
| 08/07/2006 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Hampshire home is located within the City of Lapeer on a fully-landscaped, unfenced lot approximately one acre in size. Medical, shopping, and social resources for the consumers are located nearby.

The structure of the home is a single-story, brick and wood ranch-style home with an attached 2-1/2 car garage. The home has a full basement where the heating and hot water plants are located. A qualified heating and cooling specialist has completed an inspection of the heating system. The private water and sewage systems of the home have been inspected and approved by the Lapeer County Environmental Health Department.

The home features a living room, dining room, kitchen, three bedrooms and two bathrooms. One bathroom adjoins the east bedroom; the other bathroom is located near the 2nd and 3rd bedrooms. The home also features an additional room that is currently utilized as a staff office; therefore it has not been measured nor is included as community space. The dimensions of the community space are as follow:

| Dining room | 14'6" x 11' | 159.5 square feet |
|-------------|-------------|-------------------|
| Living room | 31' x 20' | 620 square feet |

This community living space—779.5 square feet—meets licensing requirements for the proposed capacity of five residents.

The dimensions of the bedrooms are as follow:

| East bedroom | 9'6" x 12'10" | 121.9 square feet |
|-------------------|---------------|-------------------|
| Southwest bedroom | 12'7" x 11'7" | 145.7 square feet |
| Southeast bedroom | 11'6" X 14.4" | 164.8 square feet |

Each bedroom has adequate square footage to accommodate two residents. As currently arranged by the applicant, the East bedroom accommodates one resident. The bedroom space meets capacity requirements for the proposed capacity of five residents.

The home features an interconnected multi-station smoke detection system powered by the home's electrical service with battery backup with an alarm system that is audible in all areas of the home. The system has been inspected by a certified electrical contractor who has indicated that the system is in good working order. Fire extinguishers are also installed as required on the main level of the home and in the basement; the units have been inspected and are being maintained as required. The home features a fireplace; the applicant has submitted a letter indicating that the fireplace will not be used in accordance with fire safety regulations.

B. Program Description

The Hampshire facility has been established under contract with Lapeer County Community Mental Health to service ambulatory male and female adult clients of that agency who have developmental disabilities. This application for licensure is due to a change of licensee; the residents of this facility, formerly known as Hampshire Road Home, have remained in the facility.

The applicant, Resident Advancement, Inc., is an established corporation licensed in the State of Michigan and currently provides specialized adult foster care services to clients at twelve other adult foster care facilities. The licensee designee, Rochelle Molyneaux, is the executive director of the corporation; the administrator, Karen Kmiotek, is also the program manager for eight of the agency's other facilities and programs. Ms. Molyneaux and Ms. Kmiotek have submitted documentation confirming they also meet educational and training requirements of the Agency. The applicant has submitted financial documentation assuring the financial capability and stability of this corporation. Licensing clearance requests have been completed as to Ms. Molyneaux and Ms. Kmiotek and found to meet licensing requirements. The applicant has submitted a staffing plan indicating that a minimum of two staff will be scheduled to work on each of three shifts with the home manager scheduled to work a varying shift. This staff planning was developed in keeping with the licensee's contract with Lapeer County Community Mental Health and meets AFC licensing requirements. The applicant has indicated that staff will meet all training and competency requirements in accordance with licensing rule requirements.

I have reviewed the personnel policies, job descriptions, and house rules submitted by the applicant and found that they meet all requirements. The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service to residents. Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping, including the handling and accounting of resident funds.

C. Rule/Statutory Violations

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules.

IV. RECOMMENDATION

I recommend that a temporary license be issued for this facility with a maximum capacity of five (5) residents.

Manner J. Ficher

Maureen J. Fisher Licensing Consultant

8/30/2006 Date

Approved By:

Inally

Barbara Smalley Area Manager

08/31/2006 Date